



## TOWN OF FISHKILL

807 Route 52  
Fishkill, New York 12524

(845) 831-3371  
Fax (845) 831-7827

### Registration for In-School Recreation Program

Child's Name: \_\_\_\_\_ Sex: M F

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication taken on a regular basis: \_\_\_\_\_

Special Notes: \_\_\_\_\_

Person(s) to pick up child: \_\_\_\_\_ Phone: \_\_\_\_\_

Day and Program registering for:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Brinckerhoff: \_\_\_\_\_

Fishkill: \_\_\_\_\_

Glenham: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Program Session: \_\_\_\_\_

**I HEREBY GRANT PERMISSION FOR MY CHILD TO BE TRANSPORTED AND TREATED  
IN THE EVENT OF A MEDICAL EMERGENCY, IF I CANNOT BE REACHED.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the parent/legal guardian of the participant in the program(s) listed, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that I sustain as a result of such participation. I further understand the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, and employees of the Town of Fishkill from any claims.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please see back for **MANDATORY** medical health form.

Inschool reg. form

